

# Professional Healthcare Educators

1286 Kalani St. B-204, Honolulu, Hawaii 96817 / Tel:(808)847-3366



This Enrollment/agreement, is between the above named school and:

PRINT STUDENT NAME: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Photo ID \_\_\_ Last 4 digit of SS# \_\_\_\_\_

We may ask: how did you find us? Newspaper: \_\_\_ Friend/Family: \_\_\_ Internet: \_\_\_

Email address: \_\_\_\_\_

School Location: Honolulu \_\_\_ Waipahu \_\_\_ AM \_\_\_ PM \_\_\_ Weekends \_\_\_ Class Date: \_\_\_\_\_

The school agrees to provide the following training:

Course or program title: Nurse Assistant Training program

Approved and Certified by the State of Hawaii

**Note: Licensing is not included with the package**

### This training will cost

Package .....\$ 920.00+ TAX \$36.80 = \$956.80

- ❖ Book
- ❖ Handouts
- ❖ Uniform
- ❖ Basic Life Support with American Heart (CPR/AED)
- ❖ First Aid
- ❖ Supplies
- ❖ Materials
- ❖ Criminal Background check
- ❖ Blood Borne Pathogen
- ❖ Basic Medical Terminology
- ❖ Insurance
- ❖ Clinical at the Palolo Chinese Nursing Home

Less: Registration fee (Initial Payment).....\$300.00\* **(Non-refundable)**

If using debit or credit card 4% surcharge will be added.

### Agreement is binding:

This agreement will be binding only when it has been fully completed, signed and dated by the student and an authorized representative of the school prior to the time instruction begins.

### Drop Policy Charge: Refund Charge For cancellations up to:

\*If an applicant has put down more than the required \$300.00 deposit he/she is eligible to obtain a refund as long as he/she has turned in a REFUND REQUEST FORM prior to 10 (ten) working days before the start of the class initially applied for. \$20.00 will be assessed as a processing fee.

100% Day of Class or thereafter- No Refund

Full Refund if class is cancelled

### Effective date of acceptance:

I hereby agree to abide by the conditions set forth herein. I declare that I am 18 years of age or older, a high school graduate or equivalent, and of no criminal record.

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

School representative \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Book \_\_\_\_\_ CPR/FA: \_\_\_\_\_ E-Crim: \_\_\_\_\_ Uniform: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_